OC	JA 20 APPOINTMENT OF AN	ND AUTHO	RITY TO PAY COU	RT APPOINTED COUNS	EL (Rev	. 5/99)				
1. CIR./DIST./ DIV. CODE 2. PERSON REPRESENTED							VOUCHER NUMBER			
3. M	3. MAG. DKT./DEF. NUMBER 4. D			4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER		
7. IN	7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CA G Felony G Misdemeanor G Appeal			G Petty Offense G Other	9. TYPE PERSON REPRESENTED G Adult Defendant G Appellant G Juvenile Defendant G Appellee G Other			10. REPRESENTATION TYPE (See Instructions)		
11. (OFFENSE(S) CHARGED (Cite	U.S. Code,	Title & Section) If m	ore than one offense, list	(up to fiv	e) major offenses	charged, according	to severity of offense.		
	12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS					13. COURT ORDER G O Appointing Counsel G F Subs For Federal Defender G P Subs For Panel Attorney Prior Attorney's G C Co-Counsel G R Subs For Retained Attorney G Y Standby Counsel				
	Telephone Number: 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					Appointment G Because the above-named person represented has testified under oath or has satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney				
14.	14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					whose name appears in Item 12 is appointed to represent this person in this case, OR G Other (See Instructions)				
						Signature of Presiding Judicial Officer or By Order of the Court				
						Date of Order Repayment or partial repayment ordered from the person represented for this service at time appointment. G YES G NO				
	CLAIM FOR SERVICES AND EXPENSES					FOR COURT USE ONLY				
	CATEGORIES (Attach itemi	zation of sei	rvices with dates)	HOURS CLAIMED		TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW	
15.	a. Arraignment and/or Plea									
	b. Bail and Detention Hearin	gs								
	c. Motion Hearings									
	d. Trial									
	e. Sentencing Hearings									
I	f. Revocation Hearings g. Appeals Court				_					
	h. Other (Specify on addition	nal sheets)								
	(RATE PER HOUR = \$) TOTALS:									
16.	a. Interviews and Conferences									
Jo										
	c Legal research and brief writing									
Out	d. Travel time	-1- / C: £	1 1:4:1 -14-)						
	e. Investigative and other wo	отк (зресіју								
17.	(RATE PER HOUR = \$ Travel Expenses (lodging, pa	rkina maals) TOTALS:							
18.	Other Expenses (other than e.									
	AND TOTALS (CLAI):						
	CERTIFICATION OF ATTOR				20.	APPOINTMENT	TERMINATION DAT	ΓΕ 21. CAS	E DISPOSITION	
F	ROM:	то:		IF OTHER THAN CASE COMPLETION						
22. CLAIM STATUS G Final Payment G Interim Payment Number						G Supplemental Payment				
		•		_	G VE	S G NO	If yes, were you p	-	G NO	
Have you previously applied to the court for compensation and/or reimbursement for this G YES G NO If yes, were you paid? G YES G NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with t										
representation? G YES G NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.										
		correctness	of the above statem	ents.						
	Signature of Attorney						Date			
				ED FOR PAYME		T .		1		
23. I	23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENS				ES	26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT.		
28. 5	28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER					DATE		28a. JUDGE/MAG. JUDGE CODE		
29. 1	9. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPENS				ES	32. OTHER EXPENSES		33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment apprin excess of the statutory threshold amount.						DATE		34a. JUDGE CODE		